

Bosvark Union

Worcester Gymnasium
 Tulbagh Street
 Worcester
 6850
bosvarkunion@worcgim.co.za
 Tel +27 (023) 347 0426



Bosvark Trust
IT 1748/2009
 Worcester Gymnasium
 PO Box 210
 Worcester
 6849
bosvarkunion@gmail.com
 Fax +27 (023) 347 1129

Hereby I, _____, apply to become a member of the Bosvark Union.
 I have read the constitution and support the goals and aims of the Union. I undertake to ① honour the code of conduct, ② operate within the rules and regulations of the Bosvark Trust MemberZone ("BTM"), ③ keep my personal info on the BTM up to date, ④ actively being involved within the BTM and Bosvark family and ⑤ pay my annual membership fee to the Union.

PERSONAL INFORMATION				Office use	BTM number																																												
Title	First names			Known as																																													
Gender M / F	Surname			Date of birth ____/____/____																																													
Maiden name																																																	
Postal address																																																	
Home address																																																	
Tel (cell)					Tel (w)																																												
E-mail address																																																	
<table border="0"> <tr> <td>Interest</td> <td>ART</td> <td>craft</td> <td>design</td> <td>drawing</td> <td>installation</td> <td>new or mixed media</td> <td>performance</td> <td></td> <td></td> </tr> <tr> <td></td> <td>print</td> <td>sculpture</td> <td>painting</td> <td>photography</td> <td>other</td> <td>SINGERS</td> <td>MUSICIANS</td> <td>DRAMA</td> <td></td> </tr> <tr> <td>ACTORS</td> <td>JOURNALISTS</td> <td>CHEFS</td> <td>SPORT</td> <td>golf</td> <td>rugby</td> <td>tennis</td> <td>cricket</td> <td>cycling</td> <td>hockey</td> </tr> <tr> <td>HEALTH</td> <td>SCIENTISTS</td> <td>TECHNOLOGISTS</td> <td>ENGINEERS</td> <td>BUSINESS</td> <td>ACADEMIC</td> <td>WINE</td> <td></td> <td></td> <td></td> </tr> </table>										Interest	ART	craft	design	drawing	installation	new or mixed media	performance				print	sculpture	painting	photography	other	SINGERS	MUSICIANS	DRAMA		ACTORS	JOURNALISTS	CHEFS	SPORT	golf	rugby	tennis	cricket	cycling	hockey	HEALTH	SCIENTISTS	TECHNOLOGISTS	ENGINEERS	BUSINESS	ACADEMIC	WINE			
Interest	ART	craft	design	drawing	installation	new or mixed media	performance																																										
	print	sculpture	painting	photography	other	SINGERS	MUSICIANS	DRAMA																																									
ACTORS	JOURNALISTS	CHEFS	SPORT	golf	rugby	tennis	cricket	cycling	hockey																																								
HEALTH	SCIENTISTS	TECHNOLOGISTS	ENGINEERS	BUSINESS	ACADEMIC	WINE																																											
TEACHER / EX-TEACHER / PARENT / PARTNER or FORMER PARENT of an OLD SCHOLAR																																																	
Partner or parent?	YES	NO	BTM number of old scholar																																														
Oudleerder se naam en van:																																																	
Teacher at WG?	YES	NO	Are you an ex-teacher?			YES	NO																																										
Are you a parent of WG?	YES	NO																																															
Name of your youngest in WG:																																																	
Complete i.t.o. old scholar, teacher, ex-teacher and youngest child of a parent or former parent																																																	
School	HJSW	HMSW	HSW	HHS	HSWO	WG	Year in matric	19__	20__																																								
Or last year in above mentioned school (standard / grade)						19__	20__	St __	gr __																																								
OR currently / last year of teaching			19__	20__	Child presently at WG		gr __																																										
FRIEND OF THE SCHOOL																																																	
Business				Support	Academic	Culture	Sport																																										
Please note that an invoice for the annual membership fee (with payment options) will be sent to you via the Bosvark Trust MemberZone.																																																	



SIGNATURE

DATE / /